

Issue Paper 3: Barriers to Notifying Partners at Risk of HIV Infection

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PROBLEM STATEMENT: To provide reassurance and extraordinary protections to people considering HIV counseling and testing (C/T), and to address concerns of at-risk groups and people with HIV/AIDS, a special provision was added to the WAC at the time HIV reporting was adopted by the State Board of Health in 1999. This provision exempted HIV from the usual procedures used for partner notification associated with other sexually transmitted diseases. Specifically, providers must actively seek patient permission to accept health department assistance with partner notification, rather than just informing the patient that the health department will be contacting the patient for the purpose of offering assistance with partner notification.

DISCUSSION:

- Most providers do little more than advise patients to notify their partners,¹ and few follow-up with patients to ascertain whether partners were notified. Some providers find it hard to discuss issues of sex and drug use with patients. Providers may also find it hard to address PN with patients who feel such discussions are uncomfortable, stigmatizing, and not in their own best interests.
- Most providers are unfamiliar with PN, including its purposes, methods (e.g., the prohibition against disclosing the identity of the index client to partners), utility (including that it can be employed across state and national boundaries, and provided to people the index does not wish to contact themselves), the higher success rate from provider referral versus patient referral,² and about its effectiveness in identifying new cases.^{3 4} This unfamiliarity is not surprising since most providers have received little or no training in PN, and have rarely or never conducted a partner elicitation interview, or sought partners in community settings, to offer HIV C/T.
- Busy providers may be concerned with the extra amount of time and effort which PN activities may require of them.
- Many providers may believe that their patients do not want to be contacted by the health department and that they would regard the PN process as a breach of confidentiality.

Although providers appear to be reluctant to request PN assistance, a study undertaken by Public Health Seattle & King County showed that 84% of persons with HIV believed that they should be contacted by the health department.⁵

Public health is restricted from proactively pursuing PN because WAC 246-100-072 states that the names of partners may be released to the health officer only if the infected person refuses or is unable to notify partners. However, many HIV+ patients do not notify their partners,^{6 7 8} and limited evidence suggests that provider referral results in more partners being notified than patient referral despite WAC 246-100-209 which requires providers to inform the index case of the need to notify partners. As a consequence of barriers to PN, people with a high likelihood of having HIV infection may not be reached and made aware of their need to test for HIV. These are persons who have been sex or needle-sharing partners of the “index case” recently discovered to carry HIV infection. Women, in particular, may not be aware of exposure to HIV.

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¹ Dye TD, Knox KL, Novick LF. Tracking sexual contacts of HIV patients: a study of physician practices. *J. Public Health Manag Pract.* 1999; 5: 19-22.

² Landis S, Schoenback V, Weber D. Results of a randomized trial of partner notification in cases of HIV infection in North Carolina. *NEJM* (1/9/92); 326: (2): 101-106.

³ Golden, MR. HIV Partner Notification: A Neglected Prevention Intervention. *Sexually Transmitted Diseases*, (Aug) 2002. 29: 472-475.

⁴ Spencer N, Raevsky C, Wolf F. Results and benefit-cost analysis of provider assisted HIV partner notification and referral. *International Conference on AIDS*. June 4-9, 1989; 5:67 (abstract no. W.A.O. 21).

⁵ Golden MR, Hopkins SG, Morris M, Holmes KK, Handsfield HH. Support Among Persons Infected with HIV for Routine Health Department Contact for HIV Partner Notification. *J Acquir Immune Defic Syndr.* 2003 Feb 1;32(2):196-202.

⁶ Perry S, Ryan J, Fogel K, Fishman B, Jacobsberg L. Voluntarily informing others of positive HIV test results: patterns of notification by infected gay men. *Hosp Commun Psychiatry* 1990; 41: 549-559.

⁷ Marks G, Richardson JL, Ruia MS, Maldonado N. HIV-infected men's practices in notifying past sexual partners of infection risk. *Public Health Reports* 1992; 107: 100-105.

⁸ Perry SW, Card CA, Moffatt M Jr, Ashman T, Fishman B, Jacobsbert LB. Self-disclosure of HIV infection to sexual partners after repeated counseling. *AIDS Educ Prev* 1994; 6: 403-411.